

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5	1		1			
6		1		1		
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11		1		1		
12		2		1		
13	1		1			
14		1		1		
15	1		1			
16	1		1			
17	1		1			
18	1		1			
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20	1		1			
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25	1		1			
26	1		1			
27	1		1			
28		3		1		
29		5		1		
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50						
TOTAL IND.	23	↓	23	↓		↓
TOTAL DEP.	17	←	8	←		←
TOTAL CLAIMS	40		31			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						